

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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TALLAHASSEE, FL

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SYNERGY PROTECTIVE SERVICES INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

2ND
REQUEST

PLEASE FILE AFTER H19000364462

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

Synergy Protective Services Inc.

of Document # P17000031442

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

JOSE Lhontop

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:SYNERGY PROTECTIVE SERVICES, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4910 WESTWOOD LAKE DR.MIAMI, FL, 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JOSE ANTONIO LHONTOP (P)SECRETARY OF STATE
TALLAHASSEE FL

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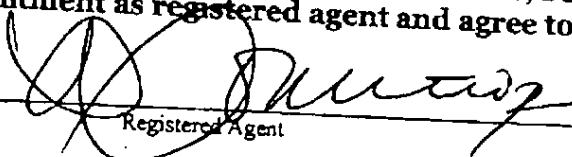
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JOSE ANTONIO LHONTOP
4910 WESTWOOD LAKE DR. MIAMI,
FL, 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JOSE ANTONIO LHONTOP
4910 WESTWOOD LAKE DR. MIAMI, FL
33165

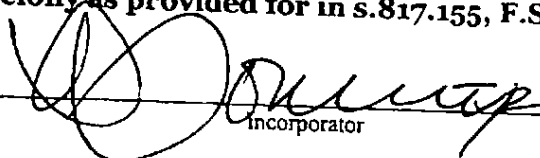
Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator Date

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